

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						101 569 260	2/24/06						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			51							
2		/		/		52							
3			/			53							
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5					/	55							
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46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.						TOTAL IND.							
TOTAL DEP.						TOTAL DEP.							
TOTAL CLAIMS						TOTAL CLAIMS							

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